

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
ARMENIAN AMERICAN PAC (ARMENPAC)

ADDRESS (number and street) 421 E AIRPORT FREEWAY
 Check if different than previously reported. (ACC)
IRVING TX 75206

2. **FEC IDENTIFICATION NUMBER** C00352054
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Sarkis J. Kechejian

Signature of Treasurer Electronically Filed by Dr. Sarkis J. Kechejian Date 07 31 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
ARMENIAN AMERICAN PAC (ARMENPAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		36072.71
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	36072.71									
(c) Total Receipts (from Line 19)	30124.00	30124.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	66196.71	66196.71								
7. Total Disbursements (from Line 31)	28327.36	28327.36								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37869.35	37869.35								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	1900.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
ARMENIAN AMERICAN PAC (ARMENPAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	28299.00	28299.00
(i) Itemized (use Schedule A)	1825.00	1825.00
(ii) Unitemized	30124.00	30124.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	30124.00	30124.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30124.00	30124.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30124.00	30124.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	23827.36	23827.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	23827.36	23827.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	4500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	28327.36	28327.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	28327.36	28327.36

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	30124.00	30124.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30124.00	30124.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	23827.36	23827.36
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	23827.36	23827.36

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)

A. Full Name (Last, First, Middle Initial)
Mr. Aram Adourian

Mailing Address 11 Bartkus Farm Road

City State Zip Code
Concord MA 01742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Beyond Genomics Inc. Scientist

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2007

Transaction ID: SA11A1.7687

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Hirant Candan

Mailing Address 88-30 51st Avenue

City State Zip Code
Flushing NY 11373

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Armco Mgmt. Co. Real Estate Mgmt

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2007

Transaction ID: SA11A1.7685

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
James E. Cecchi

Mailing Address 8 Rensselaer Road

City State Zip Code
Essex Fells NJ 07021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carella, Byrrie Attorney

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 18 / 2007

Transaction ID: SA11A1.7844

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	6300.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)

A. Full Name (Last, First, Middle Initial)
Honorable George Deukmejian

Mailing Address 5366 East Broadway

City State Zip Code
Long Beach CA 90803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2007

Transaction ID: SA11A1.7690

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Edgar Hagopian

Mailing Address 850 S. Old Woodward

City State Zip Code
Birmingham MI 48009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hagopian House of Rugs Owner

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2007

Transaction ID: SA11A1.7683

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Dr. Sarkis Kechejian

Mailing Address 421 E. Airport Freeway Suite 201

City State Zip Code
Irving TX 75062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
K Clinic Associated Chairman

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 05 / 2007

Transaction ID: SA11A1.7682

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	10250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)

A. Full Name (Last, First, Middle Initial)
Mr. Peter Kezirian, Jr.

Mailing Address 300 S Allen Ave

City Pasadena State CA Zip Code 91106

FEC ID number of contributing federal political committee. **C**

Name of Employer CAP-MPT Occupation VP

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	1	/	2	0	0	7

Transaction ID: SA11A1.7696

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. & Mrs. Leon Kircik

Mailing Address 7202 Hunters Run Dr.

City Louisville State KY Zip Code 40059

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	3	/	2	0	0	7

Transaction ID: SA11A1.7697

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Mrs. Barbara Peters

Mailing Address 22 Hillcrest Drive

City Great Neck State NY Zip Code 11021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Homemaker

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	7

Transaction ID: SA11A1.7700

Amount of Each Receipt this Period
499.00

SUBTOTAL of Receipts This Page (optional)	▶	5749.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) A. Mr. David Sahagian		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 49 Hunting Rd.		Transaction ID: SA11A1.7701
City State Zip Code Needham MA 02494	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Computer Software Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Daniel Sahakian		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address P.O. Box 649		Transaction ID: SA11A1.7843
City State Zip Code State College PA 16804	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Annie Totah		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 11500 Highland Farm Road		Transaction ID: SA11A1.7709
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)

A. Full Name (Last, First, Middle Initial)
Mr. Harutun Vaporciyan

Mailing Address 25507 Hereford

City State Zip Code
Huntington Woods MI 48070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Other

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.7710

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Kirakos Vapurciyan

Mailing Address 2679 Sunnyknoll

City State Zip Code
Berkley MI 48072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Other

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.7711

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	28299.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 11 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) A. Armenian Assembly of America		Transaction ID: SB21B.7927 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address 1140 19th Street Suite 600		Amount of Each Disbursement this Period 602.10
City Washington State DC Zip Code 20036	Purpose of Disbursement Commemoration Event Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) B. Mr. Michael Beranek		Transaction ID: SB21B.7875 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7
Mailing Address 540 Natali St		Amount of Each Disbursement this Period 255.00
City Austin State TX Zip Code 78748	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) C. Mr. Michael Beranek		Transaction ID: SB21B.7877 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address 540 Natali St		Amount of Each Disbursement this Period 382.50
City Austin State TX Zip Code 78748	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1239.60
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)

<p>A. Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p>		<p>Transaction ID: SB21B.7881 Date of Disbursement</p>	
<p>Mailing Address 219 Virginia Avenue</p>		<p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p>	
<p>City New Milford</p>	<p>State NJ</p>	<p>Zip Code 07646</p>	
<p>Purpose of Disbursement Administration/Consulting</p>		<p>Amount of Each Disbursement this Period</p>	
<p>Candidate Name</p>		<p><input type="text" value="477.78"/></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>	<p>other</p>		

<p>B. Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p>		<p>Transaction ID: SB21B.7883 Date of Disbursement</p>	
<p>Mailing Address 219 Virginia Avenue</p>		<p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p>	
<p>City New Milford</p>	<p>State NJ</p>	<p>Zip Code 07646</p>	
<p>Purpose of Disbursement Administration/Consulting</p>		<p>Amount of Each Disbursement this Period</p>	
<p>Candidate Name</p>		<p><input type="text" value="2916.67"/></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>	<p>other</p>		

<p>C. Full Name (Last, First, Middle Initial) Jason Parris Capizzi, Esq.</p>		<p>Transaction ID: SB21B.7885 Date of Disbursement</p>	
<p>Mailing Address 219 Virginia Avenue</p>		<p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p>	
<p>City New Milford</p>	<p>State NJ</p>	<p>Zip Code 07646</p>	
<p>Purpose of Disbursement Administration/Consulting</p>		<p>Amount of Each Disbursement this Period</p>	
<p>Candidate Name</p>		<p><input type="text" value="1458.34"/></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>	<p>other</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4852.79"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) A. Jason Parris Capizzi, Esq.		Transaction ID: SB21B.7887 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 650.73
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) B. Jason Parris Capizzi, Esq.		Transaction ID: SB21B.7889 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1458.34
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) C. Jason Parris Capizzi, Esq.		Transaction ID: SB21B.7891 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1458.34
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3567.41
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) A. Jason Parris Capizzi, Esq.		Transaction ID: SB21B.7893 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 188.29
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) B. Jason Parris Capizzi, Esq.		Transaction ID: SB21B.7895 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1458.34
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) C. Jason Parris Capizzi, Esq.		Transaction ID: SB21B.7897 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 321.78
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1968.41
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 15 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) A. Jason Parris Capizzi, Esq.		Transaction ID: SB21B.7899 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1458.34
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/Type

Full Name (Last, First, Middle Initial) B. Jason Parris Capizzi, Esq.		Transaction ID: SB21B.7901 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1458.34
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/Type

Full Name (Last, First, Middle Initial) C. Jason Parris Capizzi, Esq.		Transaction ID: SB21B.7903 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 207.93
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	3124.61
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) A. Jason Parris Capizzi, Esq.		Transaction ID: SB21B.7905 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1458.34
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) B. Jason Parris Capizzi, Esq.		Transaction ID: SB21B.7907 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1458.34
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) C. Jason Parris Capizzi, Esq.		Transaction ID: SB21B.7909 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 928.10
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3844.78
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) A. Jason Parris Capizzi, Esq.		Transaction ID: SB21B.7911 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1458.34
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) B. Jason Parris Capizzi, Esq.		Transaction ID: SB21B.7913 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 219 Virginia Avenue		Amount of Each Disbursement this Period 1458.34
City New Milford State NJ Zip Code 07646	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) C. NOR GYANK		Transaction ID: SB21B.7917 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address P.O. BOX 1694		Amount of Each Disbursement this Period 140.00
City GLENDALE State CA Zip Code 91209	Purpose of Disbursement Public Relations Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3056.68
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 18 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) A. Shovi Webb Designs		Transaction ID: SB21B.7863 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 738 Main Street #389		Amount of Each Disbursement this Period 214.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/Type

Full Name (Last, First, Middle Initial) B. Shovi Webb Designs		Transaction ID: SB21B.7865 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 738 Main Street #389		Amount of Each Disbursement this Period 214.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/Type

Full Name (Last, First, Middle Initial) C. Shovi Webb Designs		Transaction ID: SB21B.7867 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 738 Main Street #389		Amount of Each Disbursement this Period 214.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	642.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 19 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) A. Shovi Webb Designs		Transaction ID: SB21B.7869 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address 738 Main Street #389		Amount of Each Disbursement this Period 214.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) B. Shovi Webb Designs		Transaction ID: SB21B.7871 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 738 Main Street #389		Amount of Each Disbursement this Period 214.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

Full Name (Last, First, Middle Initial) C. Shovi Webb Designs		Transaction ID: SB21B.7873 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 738 Main Street #389		Amount of Each Disbursement this Period 214.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement Administration/Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ other	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	642.00
TOTAL This Period (last page this line number only) ▶	22938.28

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)

Full Name (Last, First, Middle Initial) A. CROWLEY FOR CONGRESS		Transaction ID: SB23.7729 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address 84-56 GRAND AVENUE		Amount of Each Disbursement this Period 1000.00
City ELMHURST State NY Zip Code 11373	Purpose of Disbursement House Candidate Contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. LOT OF PEOPLE FOR DAVE OBEY		Transaction ID: SB23.7725 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 525 WASHINGTON ST PO BOX 1322		Amount of Each Disbursement this Period 1000.00
City WAUSAU State WI Zip Code 54402	Purpose of Disbursement House Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. MCCONNELL SENATE COMMITTEE '08		Transaction ID: SB23.7726 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address PO BOX 1496		Amount of Each Disbursement this Period 1500.00
City LOUISVILLE State KY Zip Code 40201	Purpose of Disbursement Senate Candidate Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)

A. Full Name (Last, First, Middle Initial)
SHERMAN FOR CONGRESS

Mailing Address 555 SO.FLOWER ST. SUITE 4210

City State Zip Code
LOS ANGELES CA 90071

Purpose of Disbursement
House Candidate Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.7728

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

4500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 22 / 26	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose): re-pay of ARMENPAC overpayment
Mailing Address 1316 Campbell Suite 6	
City State ZIP Code Royal Oak MI 48067	

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	Transaction ID: SD9.6021	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian	Nature of Debt (Purpose): re-pay from 7/26/02 \$3500 overpayment
Mailing Address 1316 N. Campbell Suite 6	
City State ZIP Code Royal Oak MI 48067	

Outstanding Balance Beginning This Period <input type="text" value="300.00"/>	Transaction ID: SD9.5944	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="300.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian	Nature of Debt (Purpose): Repay of 7/26/02 \$3500 overpayment.
Mailing Address 1316 N. Campbell Suite 6	
City State ZIP Code Royal Oak MI 48067	

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	Transaction ID: SD9.6072	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="700.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
ARMENIAN AMERICAN PAC (ARMENPAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian	Nature of Debt (Purpose): re-pay of 7/26/02 \$3500 overpayment
Mailing Address 1316 N. Campbell Suite 6	
City State ZIP Code Royal Oak MI 48067	

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	Transaction ID: SD9.6542	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian	Nature of Debt (Purpose): re-pay of 7/26/02 \$3500 overpayment
Mailing Address 1316 N. Campbell Suite 6	
City State ZIP Code Royal Oak MI 48067	

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	Transaction ID: SD9.6543	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian	Nature of Debt (Purpose): re-pay of 7/26/02 \$3500 overpayment
Mailing Address 1316 N. Campbell Suite 6	
City State ZIP Code Royal Oak MI 48067	

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	Transaction ID: SD9.6544	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="300.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
 ARMENIAN AMERICAN PAC (ARMENPAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian	Nature of Debt (Purpose): re-pay of 7/26/04 \$3500 overpayment
Mailing Address 1316 N. Campbell Suite 6	
City State ZIP Code Royal Oak MI 48067	

Outstanding Balance Beginning This Period 100.00	Transaction ID: SD9.6582	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian	Nature of Debt (Purpose): repay of 7/26/02 \$3,500 overpayment
Mailing Address 1316 N. Campbell Suite 6	
City State ZIP Code Royal Oak MI 48067	

Outstanding Balance Beginning This Period 600.00	Transaction ID: SD9.7554	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 600.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mida Giragosian	Nature of Debt (Purpose): repay of 7/26/02 \$3,500 overpayment
Mailing Address 1316 N. Campbell Suite 6	
City State ZIP Code Royal Oak MI 48067	

Outstanding Balance Beginning This Period 200.00	Transaction ID: SD9.7596	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

1) SUBTOTALS This Period This Page (optional).....	▶	900.00
2) TOTALS This Period (last page this line number only).....	▶	1900.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

Image# 27931026349

Form/Schedule: **SB23** On 7/30/07, \$250.00 of this contribution was redesignated for the General 2008 Election; this redesignation will be reported on the 2007 year end report.
Transaction ID: **SB23.7726**

Form/Schedule: **SD9** re-pay of 7/26/02 \$3500 overpayment.
Transaction ID: **SD9.6021**

Image# 27931026350

Form/Schedule: **SD9**
Transaction ID: **SD9.5944**

ARMENPAC paid Mida \$3500 on 7/26/2002. However, the services were not rendered and thus Mida is repaying ARMENPAC. This 12/31/03 payment of debt represents the first installment.
